

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR		1-10
O.I.P.E. CLASSIFIER		10	1-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		609916	2/5/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final Original	Date
1	Original	6/1/00
1	Final	2/12/01
8	Original	10/26/01
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If more than 150 claims or 10 actions  
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